ACF - 696 Financial Report

Program Name: Child Care and Development Fund Mandatory & Matching

Grantee Name: New York

Report Name: ACF - 696 Financial Report

Funding/Grant Period: 2201NYCCDF

Report Period: 01/01/2022 to 03/31/2022 **Report Status:** Submitted with Warnings

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES CHILD CARE AND DEVELOPMENT FUND ACF-696 FINANCIAL REPORT

Reporting Period

State or Territory New York		Submission New	O YES	Current Quarter End ed: 03/31/2022
	Grant Number: 2201NYCCDF			Next Quarter Beginni ng: 07/01/2022

Cumulative Fiscal Year Totals

	(Column A) MANDATOR Y FUNDS (Federal Shar e Only) Grant Docum ent # CCDF (states) CCDT (territo ries)	(Column B) MATCHING FUNDS (Federal and State Share) Grant Docum ent # CCDM at FMAP Rate of % .562	(Column C) DISCRETIO NARY FUND S (Federal Shar e Only) Grant Docum ent # CCDD	(Column D) MOE (State Share Only)	(Column E) DISCRETI ONARY DI SASTER R ELIEF FU NDS (Federal Sh are Only) Grant Docu ment # CCDX	(Column F) DISCRETI ONARY DI SASTER R ELIEF FU NDS-CONS TRUCTIO N AND MA JOR RENO VATION (Federal Sh are Only) Grant Docu ment # CCDY
1. Total Expenditures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1(a). Child Care Administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1(b). Quality Activities Excluding Infant/Toddler Q uality Activities Reported On Line 1(c)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1(c). Infant/Toddler Quality Activities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1(d). Direct Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1(e). Non - Direct Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1(e)(1). Systems	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1(e)(2). Certificate Program Costs/Eligibility Determination	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1(e)(3). All Other Non - Direct Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1(f). Construction and Major Renovation						\$0.00
2. State Share of Expenditures		\$0.00		\$0.00		
2(a). Regular		\$0.00		\$0.00		
2(b). Private Donated Funds		\$0.00		\$0.00		
2(c). Pre - K		\$0.00		\$0.00		
3. ARP Act Stabilization Subgrants to Providers						
4. ARP Act Stabilization Set Aside (Admin & TA)						
4(a) Subgrant administration						
4(b) Systems						

4(c) TA - application						
4(d) TA - implementation						
4(e) Publicity						
4(f) Activities to build supply						
5. Federal Share of Expenditures	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
6. Federal Share of Unliquidated Obligations	\$71,388,796.00	\$83,882,002.00	\$96,409,310.00		\$0.00	\$0.00
7. Awarded	\$71,388,796.00	\$83,882,002.00	\$95,226,510.00		\$0.00	\$0.00
8. Transfer From TANF			\$1,182,800.00			
9. Unobligated Balance	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00
9(a). Was the State or Territory unable to obligate a t least 50% of the CCDF stabilization grants by Dece mber 11, 2021?						
10. Federal Funds Requested : Estimates For Next Q uarter (Refer to Next Quarter Beginning Date Abov e.)	\$15,297,600.00	\$13,765,118.00	\$39,528,658.00			
Please refer to redistribution and reallotment of funds information information in the instructions.						
11. Redistributed Funds (September 30 Submittal): If available, does the State or Territory request redistributed funds? [Mandatory (territories, per ARP Act); Matching (states)]	O Yes ON	O Yes ON				
11(a). If yes, does the State or Territory request a li mit to the redistributed funds received?	\$0.00	\$0.00				
12. Reallotted Funds: If available, does the State request reallotted discretionary or stabilization funds?			O Yes ON			

Cumulative Supplemental Funds Totals

Cumulative Supplemental Funds Totals					
	(Column G) DISCRETI ONARY CA RES ACT F UNDS (Federal Sha re Only) Grant Docu ment # CCC3	(Column H) DISCRETI ONARY CR RSA ACT F UNDS (Federal Sha re Only) Grant Docu ment # CCC5	I) SUPPLEME NTAL DISC RETIONAR	(COLUMN J) STABILZA TION ARP ACT FUND S Grant Docu ment # CSC 6	
1. Total Expenditures	\$0.00	\$0.00	\$0.00	\$0.00	
1(a). Child Care Administration	\$0.00	\$0.00	\$0.00		
1(b). Quality Activities Excluding Infant/Toddler Quality Activities Reported On Line 1(c)	\$0.00	\$0.00	\$0.00		
1(c). Infant/Toddler Quality Activities	\$0.00	\$0.00	\$0.00		
1(d). Direct Services	\$0.00	\$0.00	\$0.00		
1(e). Non - Direct Services	\$0.00	\$0.00	\$0.00		
1(e)(1). Systems	\$0.00	\$0.00	\$0.00		
1(e)(2). Certificate Program Costs/Eligibility Determination	\$0.00	\$0.00	\$0.00		
1(e)(3). All Other Non - Direct Services	\$0.00	\$0.00	\$0.00		
1(f). Construction and Major Renovation					
2. State Share of Expenditures					
2(a). Regular					
2(b). Private Donated Funds					
2(c). Pre - K					
3. ARP Act Stabilization Subgrants to Providers				\$0.00	
4. ARP Act Stabilization Set Aside (Admin & TA)				\$0.00	
4(a). Subgrant administration				\$0.00	

4(b). Systems				\$0.00
4(c). TA - application				\$0.00
4(d). TA - implementation				\$0.00
4(e). Publicity				\$0.00
4(f). Activities to build supply				\$0.00
5. Federal Share of Expenditures	\$0.00	\$0.00	\$0.00	\$0.00
6. Federal Share of Unliquidated Obligations	\$0.00	\$0.00	\$0.00	\$0.00
7. Awarded	\$0.00	\$0.00	\$0.00	\$0.00
8. Transfer From TANF				
9. Unobligated Balance	\$0.00	\$0.00	\$0.00	\$0.00
9(a). Was the State or Territory unable to obligate at 1 east 50% of the CCDF stabilization grants by December 11, 2021?				C Yes ©
10. Federal Funds Requested : Estimates For Next Quarter (Refer to Next Quarter Beginning Date Above.)				
Please refer to redistribution and reallotment of funds informat	ion information i	in the instruction	ıs.	
11. Redistributed Funds (September 30 Submittal): If a vailable, does the State or Territory request redistribute d funds? [Mandatory (territories, per ARP Act); Matching (states)]				
11(a). If yes, does the State or Territory request a limit to the redistributed funds received?				
12. Reallotted Funds: If available, does the State request reallotted discretionary or stabilization funds?	O Yes O No	O Yes C No	O Yes C No	O Yes C No

	Signat	ure Information
This is to certify that the information ifies that the States share	on reported on all parts of this	form is accurate and true to the best of my knowledge and belief. This also cert
Signature: State/Territory Official OMB Control No.0970-	OMB Control No.0970-051	Typed NameAdam Riccardi
	0	Title
Date Certified:05/09/2022 Expiration Date:09		Agency NameNew York
		Phone #
erage 6 hours per response, includir	ng the time for reviewing instr	1.3): Public reporting burden for this collection of information is estimated to av- ructions, gathering and maintaining the data needed, and reviewing the collection person is not required to respond to, a collection of information unless it displays

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Submit Date:05/09/2022